

REVISION \$25.00 (21-0403)

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
Date Stamp (Received)  
JUL 12 2022  
Bayfield Co.  
Planning and Zoning Agency

Permit #:  
21-0403  
ENTERED

Date:  
9-7-2022

Amount Paid:  
\$25.00 8-1-22  
Revision JTG

Other:

Refund:

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Original Application MUST be submitted FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:  
WALTER BORGSTROM

Mailing Address:  
PO Box 41

City/State/Zip:  
PORT WING, WI 54865

Telephone:  
Cell Phone: 715  
220-0492

Address of Property:  
80825 SWANSON ROAD

City/State/Zip:  
PORT WING, WI 54865

Owner (print clearly):  
Walter borgstrom@gmail.com

Contractor:  
ME

Contractor Phone:  
715-220-0492

Plumber:

Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Agent Phone:

Agent Mailing Address (include City/State/Zip):

Written Authorization Required (for Agent)

PROJECT LOCATION:  
E 1/4, NW 1/4

Legal Description: (Use Tax Statement)

Tax ID#:  
28026

Recorded Document: (Showing Ownership)

Section:  
49

Township:  
49

N, Range:  
8

W

Town of:  
PORT WING

Lot Size

Acreage

Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →

Distance Structure is from Shoreline : \_\_\_\_\_ feet

Is your Property in Floodplain Zone? ☐ Yes ☒ No

Are Wetlands Present? ☐ Yes ☒ No

Non-Shoreland

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →

Distance Structure is from Shoreline : \_\_\_\_\_ feet

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
20,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: Holding tank Permit Issued.	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type:	<input type="checkbox"/>
	<input checked="" type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input checked="" type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if addition, alteration or business is being applied for)

Length: 76 feet

Width: 15' 4"

Height: 14

Proposed Construction: (overall dimensions)

Length:

Width:

Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
Commercial Use		with a Deck	( X )	
		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input checked="" type="checkbox"/>	Mobile Home (manufactured date) 2022	15'4" x 76'	1,178
	<input type="checkbox"/>	Addition/Alteration (explain)	( X )	
	<input type="checkbox"/>	Accessory Building (explain)	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain)	( X )	
	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Walter Borgstrom Date 7/11/2022

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ (See Note below) Date \_\_\_\_\_

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Turn Over

2 Res on Parcel  
Temp Permit Needed - Setback issue To Rd



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (\*):

(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show:

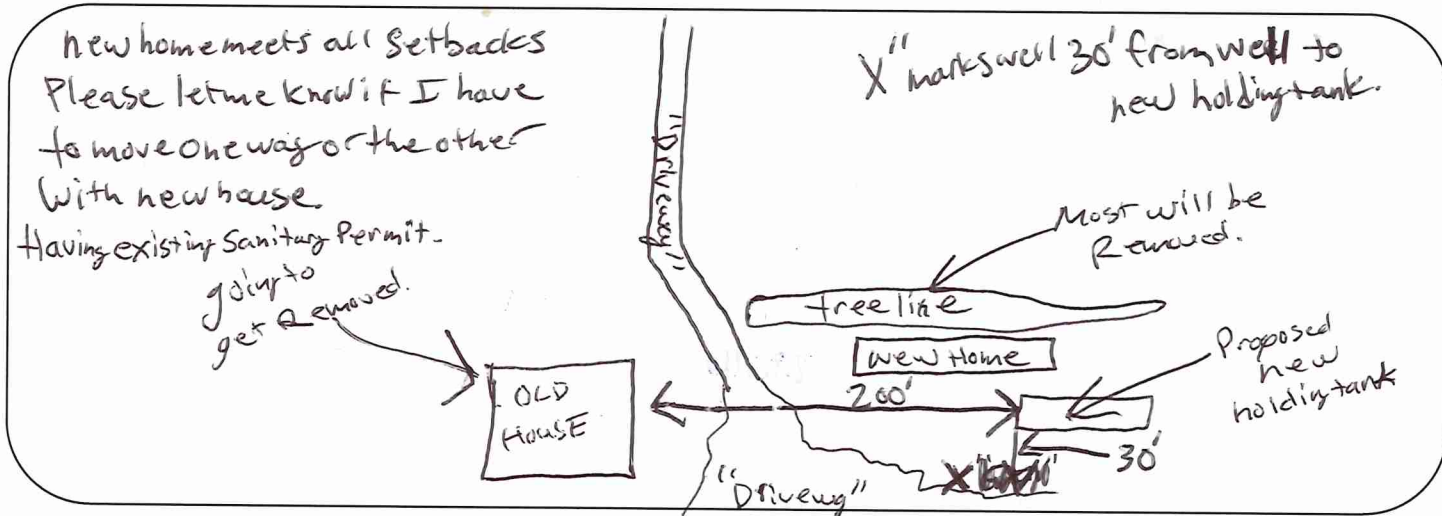
All Existing Structures on your Property
- (5) Show:

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*):

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*):

(\*) Wetlands; or (\*) Slopes over 20%

Fill Out in Ink – NO PENCIL



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	03 40	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way		Feet	Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	1085	Feet		
Setback from the South Lot Line	173	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	2910	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	920	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	35	Feet	Setback to Well	60 Feet
Setback to Drain Field		Feet		
Setback to Privy (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE(s):

All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For the Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

If subject property is part of a Condominium Plat, applicant hereby certifies and represents that applicant has all necessary approvals and recorded documents required to complete the project for which this permit is sought including requirements set forth in Wisconsin statutes pertaining to condominium associations, the Declaration of the Condominium Association in which the property is located, and all other rules, regulations and requirements pertaining to that Condominium Association.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)		Sanitary Number: 21-2105		# of bedrooms: 1	Sanitary Date: 11-30-2021	
Permit Denied (Date):		Reason for Denial:				
Permit #:		Permit Date:				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record:				Zoning District (A-1)		
Area was staked				Lakes Classification ( )		
Date of Inspection: 8-10-2022		Inspected by: EM		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)						
Same conditions apply. Old home must be removed or a CUP must be applied for if the old home isn't removed. Must meet and maintain setbacks. Class A still valid for revision. Stake/one permits may be required. Must submit copy of title of mobile home within four (4) months of permit issuance.						
Signature of Inspector: [Signature]					Date of Approval: 8-23-2022	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			



Town, City, Village, State or Federal  
Permits May Also Be Required

**"REVISION"**

LAND USE – **X**

SANITARY –

SIGN –

SPECIAL – **TBA** (Town of Port Wing-10/18/2021)

CONDITIONAL –

BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0403** Issued To: **Walter R Borgstrom**

Location: **NE** ¼ of **NW** ¼ Section **49** Township **49** N. Range **8** W. Town of **Port Wing**

Gov't Lot Lot Block Subdivision CSM#

## Residential

For: ~~Residence: [ 1-Story w/ Loft], Residence (34' x 14'); Loft (13' x 8'); and Porch (14' x 6') = 664 sq. ft.]~~

~~at a Height of 14'. **Mobile Home: Skyline (2021) (76' x 15'.4")**~~

~~(Disclaimer): Any future expansions or development would require additional permitting.~~

Condition(s): **Must obtain a Uniform Dwelling Code (UDC) Permit from the locally contacted UDC Inspection Agency prior to start of construction. Must Meet and Maintain Setbacks including eaves and overhangs. Class A still valid for this revision. Existing Old House must be removed from site within one (1) yr of this permit issuance date by Dec 21, 2022. If house is not removed, owner must obtain a conditional use permit for multiple residences on a parcel.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

~~Todd Norwood~~ **Erica Meulemans, AZA**

Authorized Issuing Official

~~December 9, 2021~~ / **September 7, 2022**

Date